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| Fill in this information to identify your case: | | |
|---|--|--------------------------------------|
| United States Bankruptcy Court for the : | | |
| NORTHERN District of ILLINOIS (State) | | |
| Case Number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Identify Yourself | | |
|----|---|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your | Alonzo | |
| | government-issued picture identification (for example, your driver's license or | First name | First name |
| | passport). | Middle name | Middle name |
| | Pring your pieture | Aldrete | |
| | Bring your picture identification to your meeting with the trustee. | Last name | Last name |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the last 8 | First name | First name |
| | years | | |
| | Include your married or maiden names. | Middle name | Middle name |
| | | Last name | Last name |
| | | | |
| | | First name | First name |
| | | | |
| | | Middle name | Middle name |
| | | Last name | Last name |
| | | | |
| 3. | Only the last 4 digits of your Social Security | xxx - xx - <u>0542</u> | XXX - XX |
| | number or federal Individual Taxpayer | OR | OR |
| | Identification number | | |
| | | 9xx - xx | 9xx - xx |
| | | | |

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| Debto | _{or 1} Alonzo | Aldrete | Case Number (if known) |
|-------|--|---|---|
| | First Name | Middle Name Last Name | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer Identification Numbers | I have not used any business names or EINs. | ☐ I have not used any business names or EINs. |
| | (EIN) you have used in the last 8 years | Business name | Business name |
| | Include trade names and doing business as names | Business name | Business name |
| | | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 2105 S. 56th Ct. | |
| | | Number Street Unit 1fl | Number Street |
| | | | |
| | | Cicero IL 60804 City State ZIP Code | City State ZIP Code |
| | | COOK | - |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
| | | PO BOX 1051 | |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| | | North Riverside IL 60546 City State ZIP Code | City State ZIP Code |
| | | Only State Zil Gode | Oily State Zii Sode |
| 6. | Why you are choosing | Check one: | Check one: |
| | this district to file for bankruptcy. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | have another reason. Explain. (See 28 U.S.C. § 1408 | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408 |
| | | | |
| | | | |

Alonzo Document Aldrete

Debtor 1

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Case Number (if known)

| Pa | rt 2: Tell the Court About You | Bankruptcy | Case | | | |
|-----|---|------------------------|--------------------------------------|--|--|---|
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | Bankrupto ter 7 ter 11 | • | | e Required by 11 U.S.C. § 342(b) for Individuals of page 1 and check the appropriate box. |
| | | ■ Chap | ter 13 | | | |
| 8. | How you will pay the fee | local yours subm | court for self, you litting yo | r more details al may pay with c | bout how you ma ash, cashier's ch | on. Please check with the clerk's office in your ay pay. Typically, if you are paying the fee neck, or money order. If your attorney is r attorney may pay with a credit card or check |
| | | | | | - | choose this option, sign and attach the Fee in Installments (Official Form 103A). |
| | | By la less pay t | w, a jud han 150 ne fee ir | ge may, but is n 0% of the official n installments). I | ot required to, wa poverty line that f you choose this | quest this option only if you are filing for Chapter 7. vaive your fee, and may do so only if your income is it applies to your family size and you are unable to s option, you must fill out the <i>Application to Have the</i> 03B) and file it with your petition. |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No | District _ | None | When | Case Number |
| | | | District _ | None | When | |
| | | | District _ | | When | Case Number |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | |
| | filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate? | ☐ Yes. | | | | Relationship to you Case Number, if known MM / DD / YYYY |
| | | | | | | Relationship to you Case Number, if known MM / DD / YYYY |
| 11. | Do you rent your residence? | □ No. ■ Yes. | Go to lii Has you | | ed an eviction judgn | ment against you? |
| | | | ☐ Ye | o. Go to line 12. es. Fill out <i>Initial S</i> is bankruptcy peti | | n Eviction Judgment Against You (Form 101A) and file it with |

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Alonzo Debtor 1

Middle Name

Case Number (if known)

| 12. | Are you a sole proprietor | No. | Go to Part 4. | | | | |
|-----|---|---------------|-------------------------------|--------------------------|-----------------------------------|-------|------------|
| | of any full- or part-time | Yes. | Name and location of b | ousiness | | | |
| | business? | _ | | | | | |
| | A sole proprietorship is a business you operate as an | | Name of business, if any | | | | |
| | individual, and is not a | | Name of business, if any | | | | |
| | separate legal entity such as a corporation, partnerhsip, or | | | | | | |
| | LLC. If you have more than one | | Number Street | | | | |
| | sole proprietorship, use a | | | | | | |
| | separate sheed and attach it to this petition. | | | | | | |
| | | | City | | | State | Zip Code |
| | | | • | | | Glate | Zip Gode |
| | | | Check the appropriate | | | | |
| | | | ☐ Health Care Busi | ness (as defined in 11 | U.S.C. § 101(27A)) | | |
| | | | ☐ Single Asset Rea | ll Estate (as defined in | 11 U.S.C. § 101(51B)) | | |
| | | | ☐ Stockbroker (as o | defined in 11 U.S.C. § | 101(53A)) | | |
| | | | Commodity Broke | er (as defined in 11 U. | S.C. § 101(6)) | | |
| | | | ☐ None of the abov | re | | | |
| | For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D). | Yes. | the Bankruptcy Code. | | mall business debtor according to | | |
| Par | t 4: Report if You Own or Ha | ve Any Hazard | ous Property or Any Prop | erty That Needs Imme | diate Attention | | |
| | | | | | | | |
| 14. | Do you own or have any | No. | | | | | |
| | property that poses or is alleged to pose a threat | Yes. | What is the hazard? | | | | |
| | of imminent and | | | | | | |
| | indentifiable hazard to | | | | | | |
| | public health or safety? Or do you own any | | | | | | |
| | property that needs | | If immediate attention is | needed why is it nee | ded? | | |
| | immediate attention? For example, do you own | | ii iiiiiiodiato attorition lo | modesa, why is it not | | | |
| | perishable goods, or livestock | | | | | | |
| | that must be fed, or a building that needs urgent repairs? | | | | | | |
| | | | Where is the property? | | | | |
| | | | Where is the property? | Number Stree | t | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | City | | State | e ZIP Code |

Document

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Debtor 1 Alonzo

TIOTIZO

Middle Name

Last Name

Case Number (if known) _

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--|--|
| You must check one: | You must check one: |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file You must file a certificate from the approved |

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted

| developed, if an may be dismiss Any extension only for cause days. | of the 30-day deadline is granted and is limited to a maximum of 15 red to receive a briefing about |
|--|--|
| credit counsel | ing because of: |
| Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. |
| Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. |
| | |

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

I am not required to receive a briefing about credit counseling because of:

may be dismissed.

days.

Incapacity. I have a mental illness or a mental deficiency that makes me

agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Debtor | 1 | Α |
|--------|---|---|
| | | |

Alonzo

Middle Nam

Last Name

Case Number (if known)

| Pa | rt 6: Answer These Questions | for Reporting Purposes | | | | | |
|-----|---|--|--|-------------------------------|--|--|--|
| 16. | What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | No. Go to line 16c. Yes. Go to line 17. | | | | | |
| | | 16c. State the type of debts you | owe that are not consumer debts or business | debts. | | | |
| 17. | Are you filing under Chapter 7? | No. I am not filing under 0 | Chapter 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | pter 7. Do you estimate that after any exempt pess are paid that funds will be available to distri | • • | | | |
| 18. | How many creditors do | 1 -49 | 1,000-5,000 | 25,001-50,000 | | | |
| | you estimate that you | □ 50-99 | □ 5,001-10,000 | ☐ 50,001-100,000 | | | |
| | owe? | ☐ 100-199 ☐ 200-999 | 10,001-25,000 | ☐ More than 100,000 | | | |
| 19. | How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | □\$500,000,001-\$1 billion | | | |
| | estimate your assets to | \$50,001-\$100,000 | \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion | | | |
| | be worth? | \$100,001-\$500,000 | □ \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion | | | |
| | | \$500,001-\$1 million | □ \$100,000,001-\$500 million | ☐More than \$50 billion | | | |
| 20. | How much do you | □ \$0-\$50,000 □ | ☐ \$1,000,001-\$10 million | \$500,000,001-\$1 billion | | | |
| | estimate your liabilities | \$50,001-\$100,000 | ☐ \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion | | | |
| | to be? | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion | | | |
| | | □ \$500,001-\$1 million | □ \$100,000,001-\$500 million | ☐ More than \$50 billion | | | |
| Pa | rt 7: Sign Below | | | | | | |
| For | you | I have examined this petition, an correct. | d I declare under penalty of perjury that the info | ormation provided is true and | | | |
| | | | apter 7, I am aware that I may proceed, if eligib understand the relief available under each cha | | | | |
| | | , , | I did not pay or agree to pay someone who is and read the notice required by 11 U.S.C. § 342 | , . | | | |
| | | I request relief in accordance wit | h the chapter of title 11, United States Code, sp | pecified in this petition. | | | |
| | | _ | ement, concealing property, or obtaining money It in fines up to \$250,000, or imprisonment for und 3571. | | | | |
| | | /s/ Alonzo Aldrete Signature of Debtor 1 | X | ature of Debtor 2 | | | |
| | | Olgitatare of Debior 1 | Signa | INGIO OI DEDIOI Z | | | |
| | | Executed on01/13/201 | 18 Exec | uted on | | | |
| | | MM / DE | | MM / DD / YYYY | | | |

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Debtor 1 Alonzo Aldrete Case Number (if known) ______

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Merid Teklehaimanot Mekonnen | Date | Date: 01/ | 27/2018 |
|------------------------------------|-------------|------------------|---------------------|
| Signature of Attorney for Debtor | Bute | MM / DD / ` | YYYY |
| Merid Teklehaimanot Mekonnen | | | |
| Printed name | | | |
| Geraci Law L.L.C. | | | |
| Firm name | | | |
| 55 E. Monroe St., #3400 | | | |
| Number Street | | | |
| Tanibol Cudot | | | |
| | | | |
| Chicago | IL | 60603 | |
| | IL State | 60603 ZIP Cod | le |
| Chicago | State | ZIP Cod | le geracilaw.com |
| Chicago | State | ZIP Cod | |

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| Fill in this in | nformation to identify y | our case: | | |
|---------------------------|----------------------------|---------------------|-------------------------------|---|
| Debtor 1 | Alonzo | | Aldrete | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | . |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the : | NORTHERN District o | f_ <u>ILLINOIS</u> (State) | |
| Case Number (If known) | r | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | Summarize Your Assets | |
|----|---|--------------------------------------|
| | | Your assets Value of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$0 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ 48,757 |
| | 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | \$ 48,757 |
| | | |
| P | Summarize Your Liabilities | |
| | | Your liabilities Amount you owe |
| 2. | 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$32,247 |
| 3. | s. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$26,425 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | <u>\$78,825</u> |
| | | |
| Pa | Part 3: Summarize Your Liabilities | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$5,083.00 |
| 5. | 5. Schedule J: Your Expenses (Official Form 106J) | \$3,433.00 |

Alonzo Debtor 1

Middle Name

First Name

Document Last Name

Page 9 of 59 Case Number (if known) _

| Pa | art 4: | Answer These Questions for Administrative and Statistical Records | | | | | |
|----|---|--|--------------|-------------|--|--|--|
| 6. | Are you filling for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes | | | | | | |
| 7. | What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | | | |
| 8. | | e Statement of Your Current Monthly Income : Copy your total current monthly income from Of 2A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | ficial – | \$ 5,083.00 | | | |
| 9. | Copy the | following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : | Total claim | | | | |
| | From P | art 4 of Schedule E/F, copy the following: | | | | | |
| | 9a. Dom | estic support obligations (Copy line 6a.) | \$ 0.00 | | | | |
| | 9b. Taxe | s and certain other debts you owe the government. (Copy line 6b.) | \$ 26,425.00 | | | | |
| | 9c. Claim | ns for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_0.00 | | | | |
| | 9d. Stude | ent loans. (Copy line 6f.) | \$_0.00 | | | | |
| | | ations arising out of a separation agreement or divorce that you did not report as laims. (Copy line 6g.) | \$_0.00 | | | | |
| | 9f. Debts | s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$_0.00 | 1 | | | |
| | 9g Total | . Add lines 9a through 9f | \$ 26,425.00 | | | | |

| Fill in this in | formation to identify yo | | | Entered 02/21/18 | 16:55:07 | Desc I | Main | |
|-----------------------------------|---|--|---|----------------------|-----------------|----------------|---------------------|--------------|
| | iormation to identity you | ur case and this min | y. | 0 of 59 | | | | |
| Debtor 1 | Alonzo | | Aldrete | | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States | Bankruptcy Court for the : _ | NORTHERN District | of <u>ILLINOIS</u> | | | | | |
| Case Number | | | (State) | | | | heck if this | s is an |
| (If known) | | | | | | а | mended fil | ing |
| Official F | orm 106A/B | | | | | | | |
| Schedul | e A/B: Propei | rty | | | | | | 12/15 |
| esponsible for ages, write you | supplying correct infor ur name and case numb Describe Each Residence | mation. If more spac per (if known). Answe , Building, Land, or Ot | e is needed, attach a separa | | · · | = | | |
| No. Yes. | Describe | | ur entries fro Part 1, includir | | | | | |
| you have at | tached for Part 1. Write | that number here | | | | | | \$0.00 |
| Part 2: | Describe Your Vehicles | | | | | | | |
| No. Yes. | s, trucks, tractors, sport Describe Make: | utility vehicles, moto | orcycles Who has an interest in the | property? Check one. | Do not deduct s | secured claims | s or exemptio | ns. Put |
| N | Model: | Century | Debtor 1 only | | the amount of a | any secured cl | aims on Sche | edule D: |
| Y | 'ear: | 2007 | Debtor 2 only | | Current value | | Current va | |
| А | approximate Mileage: | 900,000 | Debtor 1 and Debtor 2 onl At least one of the debtors | • | entire propert | y? | portion yo | u own? |
| C | Other information: | | At least one of the debtors | s and another | \$ | 16,082.00 | \$ | 16,082.00 |
| | 2007 Freighliner Century 900,000 miles. | with over | Check if this is community property (see instructions) | | | | | |
| N | fake: | Jeep | Who has an interest in the | property? Check one. | Do not deduct s | secured claims | or exemption | ns. Put |
| N | Model: | Wrangler Sahara | Debtor 1 only | | the amount of a | any secured cl | aims on <i>Sche</i> | edule D: |
| Y | ′ear: | 2016 | Debtor 2 only | | Current value | | Current va | |
| Д | approximate Mileage: | 11,000 | Debtor 1 and Debtor 2 onl | • | entire propert | y? | portion yo | u own? |
| C | Other information: | | At least one of the debtors | s and another | \$ | 30,675.00 | \$ | 30,675.00 |
| | 2016 Jeep Wrangler Saha 11,000 miles | ara with over | Check if this is communications instructions) | unity property (see | | | | |
| Examples: No. Yes. Add the dol | Boats, trailers, motors, person Describe lar value of the portion y | onal watercraft, fishing v | reational vehicles, other vehicles, motorcycle ssels, snowmobiles, motorcycle ur entries fro Part 2, includir | accessories | | | | \$ 46,757.00 |

Case 18-04746 Debtor 1 Alonzo

Doc 1

Filed 02/21/18
Document F

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Desc Main

First Name Middle Name

| | Part 3: | Describe Your Pe | rsonal and Household Items | | |
|-----|------------------------|---|--|--|------------|
| Do | you own o | r have any legal | or equitable interest in any of the following items? | Current value of portion you own Do not deduct second exemptions | n? |
| 06. | | d goods and furi Major appliances, | nishings furniture, linens, china, kitchenware | | |
| | Yes. | Describe | Furniture, linens, small appliances, table & chairs, bedroom set. Jointly owned with non filing spouse. \$750 Full value \$1,500. | , s | 750.00 |
| 07. | collections | Televisions and ra | dios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games | | |
| | No. Yes. | Describe | Flat screen TV, Cell phone, Computer. Jointly owned with non filing spouse. Full value \$500 \$250 | \$ | 250.00 |
| 08. | stamp, coir | Antiques and figuri | nes; paintings, prints, or other artwork; books, pictures, or other art objects; collections; other collections, memorabilia, collectibles | - | |
| 09. | | Describe t for sports and Sports, photograph | hobbies nic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes | \$ | 0.00 |
| | | | nusical instruments | 1 | |
| 10. | Firearms Examples: | Pistols, rifles, shot | guns, ammunition, and related equipment | \$ | 0.00 |
| | Yes. | Describe | Firearm \$400 | \$ | 400.00 |
| 11. | Examples: | Everyday clothes, | furs, leather coats, designer wear, shoes, accessories | | |
| | Yes. | Describe | Necessary wearing apparel \$300 | \$ | 300.00 |
| 12. | Examples: gold, silver | | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | - | |
| | Yes. | Describe | Jewelry, costume jewelry, wedding rings \$300 | \$ | 300.00 |
| 13. | Non-farm a Examples: | animals Dogs, cats, birds, l | norses | | |
| 14 | Yes. | Describe personal and ho | pusehold items you did not already list, including any health aids you did not list | \$ | 0.00 |
| 7. | No. Yes. | Describe | necessary and the another men moraling any neutral and you did not not |] | |
| 15. | | | of your entries from Part 3, including any entries for pages you have attached > | \$ | \$2,000.00 |
| _ | | | | | |

tor 1 Alonzo Case .

case 18-04746 Doc 1

Filed 02/21/18
Document

Entered 02/21/18 16:55:07 Page 12 of 159 umber (if known) Desc Main

entoi i '

First Name Middle Name

| Part 4: Describe Your Financial Assets | |
|--|--|
| Do you own or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions |
| Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No. | |
| Yes. Describe | \$0.00 |
| 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No. | |
| Yes. Describe Account Type: Institution name: Checking Account 53rd Bank | \$0.00 |
| 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No. | \$ <u>0.0</u> 0 |
| Yes. Describe Institution or issuer name: | \$ <u> </u> |
| 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in No. | |
| Yes. Describe Name of Entity and Percent of Ownership: JAH Trucking, Inc. %100.00 ownership | \$ <u>1.00</u> |
| 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No. | \$0.00 |
| Yes. Describe Issuer name: | \$ <u> </u> |
| 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No. | |
| Yes. Describe Type of account and Institution name: | \$0.00 |
| 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications No. | |
| Yes. Describe Institution name or individual: | \$0.00 |
| 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No. | |
| Yes. Describe Issuer name and description: | \$ 0.00 |
| 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No. | |
| Yes. Describe Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): | \$ <u> </u> |
| 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers No. | |
| Yes. Describe | \$ <u>0.0</u> 0 |
| 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements | |
| No. Yes. Describe | |
| | \$0.00 |

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27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Yes Describe..... 0.00 Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions 28. Tax refunds owed to you Yes Describe..... 0.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No. Describe..... 0.00 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No. Yes. Describe..... 0.00 31. Interest in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No. Company Name & Beneficiary: Yes. Describe..... \$0 Auto insurance Health insurance \$0 Termlife insurance policy with MetLife. No Cash Surrender value. \$0 Whole life insurance policy with Lincoln Benefit. No Cash Surrender value. \$0 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No. Yes. Describe..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No. Yes. Describe..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights Yes. Describe..... 0.00 35. Any financial assets you did not already list Describe..... 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1.00

Case 18-04746 Doc 1 Debtor 1 Alonzo

Entered 02/21/18 16:55:07 Page 14 of 59 umber (if known)

Desc Main

First Name

Middle Name

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| | er c c. | | ness-Related Property You Own or Have an Interest In. List any real estate in Part 1. | |
|-----|-----------------|---------------------|--|------------------------------|
| 37. | No. | vn or have any le | gal or equitable interest in any business-related property? | |
| | Yes. | | | |
| | ☐ 1 3 3. | | | Current value of the |
| | | | | portion you own? |
| | | | | Do not deduct secured claims |
| | | | | or exemptions |
| 38. | Accounts | receivable or co | mmissions you already earned | |
| | No. | | | |
| | Yes. | Describe | | |
| | | | | \$0.00 |
| 39. | - | - | ngs, and supplies | |
| | No. | Business-related of | omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices | |
| | Yes. | Describe | | |
| | res. | Describe | | \$ 0.00 |
| 40. | Machinery | , fixtures, equip | nent, supplies you use in business, and tools of your trade | |
| | No. | | | |
| | Yes. | Describe | | |
| | | | | \$0.00 |
| 41. | Inventory | | | |
| | No. | | | |
| | Yes. | Describe | | |
| | | | | \$0.00 |
| 42. | | n partnerships o | | |
| | No. | | Name of Entity and Percent of Ownership: | |
| | Yes. | Describe | | \$ 0.00 |
| 43 | Customer | lists mailing lis | s, or other compilations | <u> </u> |
| ٠٠. | No. | noto, manning no | o, or other compliations | |
| | Yes. | Describe | | \neg |
| | ш | 200020 | | \$0.00 |
| 44. | Any busin | ess-related prop | erty you did not already list | |
| | No. | | | |
| | Yes. | Describe | | |
| | | | | \$0.00 |
| | | | for a set to form Bod Fitch Book and to form and the form | |
| | | | of your entries from Part 5, including any entries for pages you have attached | \$ 0.00 |
| | for Part 5. | Write that numb | er here> | \$ 0.00 |
| | Part 6: | Describe Any Fari | n- and Commercial Fishing-Related Property You Own or Have an Interest In. | |
| | en e or | | ve an interest in farmland, list it in Part 1. | |
| 46. | Do you ow | vn or have any le | gal or equitable interest in any farm- or commercial fishing-related property? | |
| | No. | | | |
| | Yes. | Describe | | |
| | | | | \$0.00 |
| 47. | Farm anim | | town actual field | |
| | No. | Livestock, poultry, | ami-raiseu iisn | |
| | = | Describe | | |
| | Yes. | Describe | | \$ 0.00 |
| 48. | Crops—ei | ther growing or I | narvested | |
| | No. | | | |
| | Yes. | Describe | | |
| | _ | | | \$0.00 |
| 49. | Farm and | fishing equipme | nt, implements, machinery, fixtures, and tools of trade | |
| | No. | | | |
| | Yes. | Describe | | |
| | | | | \$0.00 |

Schedule A/B: Property

Debtor 1 Alonzo Case 18-04746 Doc 1 Filed 02/21/18 Entered 02/21/18 16:55:07 Desc Main Page 15 of application of the component of the componen

| 50. Farm and fishing supplies, chemicals, and feed No. | | |
|--|----------------|-----------------|
| Yes. Describe | | |
| 51. Any farm- and commercial fishing-related property you did not already list | | \$ <u>0.0</u> 0 |
| No. Yes. Describe | | 1 |
| | | \$0.00 |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for page for Part 6. Write that number here | - - | \$0.00 |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Abo | ove | |
| 53. Do you have other property of any kind you did not already list? | | |
| Examples: Season tickets, country club membership | | |
| Yes. Describe | | 1 |
| | | \$0.00 |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here | | \$0.00 |
| Part 8: List the Totals of Each Part of this Form | | |
| 55. Part 1: Total real estate, line 2 | | \$ 0.00 |
| 56. Part 2: Total vehicles, line 5 | \$ 46,757.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$ 2,000.00 | |
| 58. Part 4: Total financial assets, line 36 | \$ 1.00 | |
| 59. Part 5: Total business-related property, line 45 | \$ 0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ 0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$ 0.00 | |
| 62. Total personal property. Add lines 56 through 61 | \$ 48,758.00 | \$ 48,758.00 |
| | | |
| | | |

| Fill in this in | Fill in this information to identify your case: | | | | | | |
|---------------------|---|--|----------------------|--|--|--|--|
| Debtor 1 | otor 1 Alonzo | | Aldrete | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of _ | _ILLINOIS (State) | | | | |
| Case Number | r | | | | | | |
| (If known) | | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| You are claiming state and federal nonbankruptcy exemptions . 11 U.S.C. § 522(b)(3) You are claiming federal exemptions . 11 U.S.C. § 522(b)(2) | | | | | | | | | |
|--|--|--------------------------------------|---|--|--|--|--|--|--|
| For any propert | ry you list on <i>Schedule A/B</i> that yo | u claim as exempt, fill in t | the information below. | | | | | | |
| - | on of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption | | | | | | |
| Brief description: | 2007 Freighliner Century with over 900,000 miles. | \$16,082 | \$4,700 | 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(c) | | | | | |
| Line from Schedule A/B: | 03 | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| Brief description: | Furniture, linens, small appliances, table & chairs, bedroom set. Jointly owned with non filing spouse. Full | \$_750 | \$_ 750 | 735 ILCS 5/12-1001(b) | | | | | |
| Line from Schedule A/B: | value \$1,500. | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| Brief description: | Flat screen TV, Cell phone, Computer. Jointly owned with non filing spouse. Full value \$500 | \$_250 | \$_250 | 735 ILCS 5/12-1001(b) | | | | | |
| Line from Schedule A/B: | <u>07</u> | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| Brief description: | Firearm | \$_400 | \$_400 | 735 ILCS 5/12-1001(b) | | | | | |
| Line from Schedule A/B: | 10 | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | | | | | | | | | |

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Last Name

Alonzo Debtor 1

Document Middle Name

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Additional Page Part 2: Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B 735 ILCS 5/12-1001(a),(e) Brief Necessary wearing apparel \$ 300 \$ 300 description: Line from 100% of fair market value, up to 11 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) Brief Jewelry, costume jewelry, wedding 300 description: \$ 100% of fair market value, up to Line from 12 Schedule A/B: any applicable statutory limit Brief Checking Account, 53rd Bank, 0.00 735 ILCS 5/12-1001(b) **\$** 0 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit Brief Termlife insurance policy with 735 ILCS 5/12-1001(h)(3) MetLife. No Cash Surrender value. description: Line from 100% of fair market value, up to 31 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(h)(3) Brief Whole life insurance policy with \$ ⁰ Lincoln Benefit. No Cash Surrender description: value. Line from 100% of fair market value, up to 31 Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? \square No ☐ Yes. 755445 Official Form 106C Record # Schedule C: The Property You Claim as Exempt Page 2 of 2

| Fill in thi | Caso 19 C | | oc 1 Filad 02/21/19 | Entered 02/21/1 8 of 59 | 8 16:55:07 | Desc Main | |
|------------------------|--------------------------------|----------------------|--|-----------------------------------|---------------------------|-------------------------------|--------------------|
| | Alonzo | | Aldrete | 3 31 33 | | | |
| Debtor 1 | First Name | Middle Name | | _ | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if fil | ing) First Name | Middle Name | Last Name | | | | |
| United St | ates Bankruptcy Court for the | e: NORTHERN | District of ILLINOIS | | | | |
| O No | | | (State) | | | Check if this | s is an |
| Case Nur (If known) | nber | | | | | amended fil | |
| Official | Form 106D | | | | | | · · |
| | _ | | | | | | 12/15 |
| | | | e Claims Secured by | | | | 12/15 |
| | | | ried people are filing together, b tional Page, fill it out, number the | | | ту | |
| idditional p | ages, write your name a | ind case number | (if known). | | | | |
| 1. Do any | creditors have claims se | ecured by your p | roperty? | | | | |
| ☐ No. | Check this box and sub | mit this form to the | e court with your other schedules. | You have nothing else to repor | t on this form. | | |
| Yes | s. Fill in all of the informat | ion below. | | | | | |
| | | | | | | | |
| Part 1: | List All Secured Claim | IS | | | Caluman A | Caluman | Caluman |
| 2. List al | I secured claims. If a cre | editor has more th | an one secured claim, list the cred | litor separately | Column A Amount of claim | Column A Value of collateral | Column C Unsecured |
| for eac | ch claim. If more than on | e creditor has a p | articular claim, list the other credit | ors in Part 2. | Do not deduct the | that supports this | portion |
| As mu | ch as possible, list the cla | aims in alphabetic | al order according to the creditors | name. | value of collateral | claim | If any |
| 2.1 Cha | ase AUTO | | Describe the property that sec | cures the claim: | \$_32,247.00 | \$ 30,675.00 | \$ 1,572.00 |
| | itor's Name | | 2016 Jeep Wrangler Sahara | with over 11,000 miles | | | |
| Pol | Box 901003 | | | | | | |
| Num | ber Street | | | | | | |
| | | | As of the date you file, the cla | im is: Check all that apply. | | | |
| Ft V | Vorth - | TX 76101 | Contingent Unliquidated | | | | |
| City | | State Zip Code | Disputed | | | | |
| Who o | wes the debt? Check one. | | Nature of Lien. Check all that a | pply. | | | |
| _ | btor 1 only | | An agreement you made (suc | | | | |
| De | btor 2 only | | car loan) | | | | |
| De | btor 1 and Debtor 2 only | | Statutory lien (such as tax lier | n, mechanic's lien) | | | |
| At | east one of the debtors and | another | Judgment lien from a lawsuit | | | | |
| Псь | eck if this claim relates to | a | Other (including a right to offs | et) | | | |
| | mmunity debt | | | 0004 | | | |
| Date D | Debt was incurred20 | 16-03-28 | Last 4 digits of account numb | er <u>3604</u> | | | |
| Part 2: | List Others to Be Noti | fied for a Debt Tha | at You Already Listed | | | | |
| Hea this so | go only if you have others | to be notified abo | out your bankruptcy for a debt that | you alroady listed in Bart 4. For | ovample if a collection | an agoncy is | |
| • | • • • | | ne else, list the creditor in Part 1, a | • | | · · | |
| | editor for any of the debts | - | Part 1, list the additional creditors | here. If you do not have addition | nal persons to be noti | fied for any | |
| acoto III ra | it i, ao not ilii out or subi | iiit uiis paye. | | | | | |
| | | | | | | | |

| Fill | in this i | Case 19 04746 Doc nformation to identify your case: | 1 Filed 02/21/19 I | Entered 02/2: 9 of 59 | 1/18 16:55:07 | Desc Main | |
|-----------------------------------|----------------------------------|---|--|--|---|--------------------|-------------------|
| | | Alonzo | Aldrete | | | | |
| Del | otor 1 | Alonzo First Name Middle Name | Last Name | | | | |
| Del | otor 2 | , act talle | Editivanio | | | | |
| | use, if filing) | First Name Middle Name | Last Name | | | | |
| Uni | ted States | s Bankruptcy Court for the : <u>NORTHERN</u> D | istrict of ILLINOIS | | | | |
| | | | (State) | | | ☐ Check if | this is an |
| | se Numbe (nown) | er | | | | amende | |
| ⊃ffi, | sial E | Form 106E/F | | | | | 3 |
| יוווע | <u>Jiai i</u> | OIII 100L/I | | | | | 40/45 |
| <u>ìch</u> | <u>edule</u> | <u> E/F: Creditors Who Have</u> | e Unsecured Claims | | | | 12/15 |
| /B: P redito eeded op of | roperty ors with d, copy t | party to any executory contracts or unex (Official Form 106A/B) and on Schedule or partially secured claims that are listed in the Part you need, fill it out, number the citional pages, write your name and case List All of Your PRIORITY Unsecured Claim | G: Executory Contracts and Unexp a Schedule D: Creditors Who Have entries in the boxes on the left. Atta number (if known). | ired Leases (Official Claims Secured by P | Form 106G). Do not include Property. If more space is | ude any | |
| 1 Do | any cre | editors have priority unsecured claims ag | nainst you? | | | | |
| | , | | gamet you: | | | | |
| | • | io to Part 2. | | | | | |
| l i | Yes. | your priority unsecured claims. If a credit | tor has more than one priority unsec | ured claim list the cre | aditor separately for each | claim For | |
| | | n listed, identify what type of claim it is. If a | | | • | | |
| | | y amounts. As much as possible, list the cla | · · · · · · · · · · · · · · · · · · · | | - | · · | |
| | | d claims, fill out the Continuation Page of P cplanation of each type of claim, see the ins | | • | t the other creditors in Pai | t 3. | |
| (- | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , | Total claim | Priority | Nonpriority |
| | Illinois | Department of Revenue | | | ¢ 3 285 00 | amount | amount \$ 0.00 |
| 2.1 | Creditor's | | Last 4 digits of account number | | \$ <u>3,285.00</u> | <u>\$ 3,285.00</u> | \$_0.00 |
| | | x 64338 | When was the debt incurred? | 2016 | | | |
| | Number | Street | | | | | |
| | | | As of the date you file, the claim is: | Check all that apply. | | | |
| | Chicag | go IL 60664-0338 | Contingent | | | | |
| | City | State Zip Code | Unliquidated Disputed | | | | |
| ľ | _ | es the debt? Check one. r 1 only | Disputed | | | | |
| Ī | Debtor | • | Type of PRIORITY unsecured claim | | | | |
| Ì | = | r 1 and Debtor 2 only | Domestic support obligations | • | | | |
| ļ | = | st one of the debtors and another | Taxes and certain other debts you of | owe the government | | | |
| Ī | = | k if this claim relates to a | | - | | | |
| | _ | nunity debt | Claims for death or personal injury | while you were | | | |
| <u> </u> | s the cla | im subject to offest? | intoxicated | | | | |
| ļ | No | | Other. Specify | | | | |
| | Yes | | | | | | |

| Debtor 1 | Alonzo | Case 18-04746 | Doc 1 | Filed 02/21/18 Document | Entered 02/21/18 10 Page 20 of 59 Case Number (if kno | | esc Main | | | |
|---|------------|---------------------------|----------------|----------------------------|---|--|----------|--|--|--|
| | First Name | Middle Name | | Last Name | | | | | | |
| Part 1: | You | PRIORITY Unsecured Claims | - Continuation | Page | | | | | | |
| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority amount | | | | | | | | | | |
| | | | | | | | | | | |

| After li | sting any entries on this page, number them be | ginning with 2.3, followed by 2.4, an | d so forth. | I otal claim | amount | Nonpriority amount | | |
|---------------|---|---|--------------------------------|-----------------------------|---------------------|--------------------|--|--|
| 00 | IRS Priority Debt | Last 4 digits of account number | 0542 | \$ 11,140.00 | \$ 11,140.00 | \$ 0.00 | | |
| 2.2 | Creditor's Name | Last 4 digits of account number | | Ψ | <u> </u> | Ψ_0.00 | | |
| | PO Box 7346 | When was the debt incurred? | 2016 | | | | | |
| | Number Street | | | | | | | |
| | | As of the data you file the claim is: | Chook all that apply | | | | | |
| | | As of the date you file, the claim is: | Спеск ан тлат арргу. | | | | | |
| | Philadelphia PA 19101 | Contingent | | | | | | |
| | City State Zip Code | Unliquidated | | | | | | |
| V | Who owes the debt? Check one. | Disputed | | | | | | |
| ļ | Debtor 1 only | | | | | | | |
| Į | Debtor 2 only | Type of PRIORITY unsecured claim | : | | | | | |
| [| Debtor 1 and Debtor 2 only | Domestic support obligations | | | | | | |
| [| At least one of the debtors and another | Taxes and certain other debts you o | owe the government | | | | | |
| [| Check if this claim relates to a | <u></u> | | | | | | |
| | community debt | Claims for death or personal injury v | while you were | | | | | |
| ŀ | s the claim subject to offest? | intoxicated | | | | | | |
| ļ | No | Other. Specify | | | | | | |
| | Yes | | 0540 | + 40 000 00 | * 40 000 00 | + 0.00 | | |
| 2.3 | IRS Priority Debt | Last 4 digits of account number | 0542 | \$ <u>12,000.00</u> | <u>\$ 12,000.00</u> | \$ <u>0.00</u> | | |
| | Creditor's Name | When was the debt incurred? | 2015 | | | | | |
| | PO Box 7346 | when was the debt incurred? | | | | | | |
| | Number Street | | | | | | | |
| | | As of the date you file, the claim is: | Check all that apply. | | | | | |
| | District Indiana | Contingent | | | | | | |
| | Philadelphia PA 19101 | Unliquidated | | | | | | |
| ٧ | City State Zip Code Who owes the debt? Check one. | Disputed | | | | | | |
| | Debtor 1 only | _ | | | | | | |
| i | Debtor 2 only | Type of PRIORITY unsecured claim | | | | | | |
| ř | Debtor 1 and Debtor 2 only | Domestic support obligations | • | | | | | |
| ř | At least one of the debtors and another | Taxes and certain other debts you of | owe the government | | | | | |
| _ L | | Taxos and contain only debte you | we the government | | | | | |
| L | Check if this claim relates to a community debt | Claims for death or personal injury v | while you were | | | | | |
| ı | s the claim subject to offest? | intoxicated | write you were | | | | | |
| | No | Other. Specify | | | | | | |
| Ī | Yes | | | | | | | |
| | List All of Your NONPRIORITY Unsecured | Claims | | | | | | |
| I-CII | 74 | | | | | | | |
| 3. D o | any creditors have nonpriority unsecured claim | ms against you? | | | | | | |
| | No. You have nothing to report in this part. Sub | omit this form to the court with your of | her schedules | | | | | |
| _ | No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | | | | | |
| | Yes. | | | | | | | |
| 4. Lis | st all of your nonpriority unsecured claims in th | e alphabetical order of the creditor | who holds each claim. If a c | creditor has more than o | ne | | | |
| nc | npriority unsecured claim, list the creditor separat | tely for each claim. For each claim list | ed, identify what type of clai | m it is. Do not list claims | s already | | | |
| in | cluded in Part 1. If more than one creditor holds a | particular claim, list the other creditor | rs in Part 3.If you have more | than three nonpriority u | nsecured | | | |
| cla | aims fill out the Continuation Page of Part 2. | | | | | | | |
| | | | | | | Total claim | | |

| Debtor 1 | Alonzo | Document Page 21 of 59 | _ |
|----------|--|--|--------------------|
| | First Name Middle Name | Last Name | . 00 500 00 |
| 4.1 | CACHLLC | Last 4 digits of account number 3867 | \$ 39,503.00 |
| | Creditor's Name 370 17th St., Ste. 5000 | When was the debt incurred? | |
| | Number Street | | |
| | . Tallipol | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Denver CO 80202 | ☐ Contingent ☐ Unliquidated | |
| w | City State Zip Code Vho owes the debt? Check one. | Disputed | |
| " | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| F | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | | that you did not report as priority claims | |
| L | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ls | s the claim subject to offest? | bests to pension of profit-straining plans, and office similar desis | |
| | No | Other, Specify Credit Card or Credit Use | |
| | Yes | Outor. Specify | |
| 4.2 | Capital One Bank | Last 4 digits of account number | \$ 1,468.00 |
| | Creditor's Name | | |
| | 1680 Capital One Dr | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Mclean VA 22102 | Unliquidated | |
| _ v | City State Zip Code Vho owes the debt? Check one. | Disputed | |
| Ϊ́ | Debtor 1 only | | |
| | Debtor 2 only | Tune of NONDRIORITY unacquired eleims | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: Student loans | |
| H | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| 1 1 | | that you did not report as priority claims | |
| 4 | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is | s the claim subject to offest? | Bests to pension of professioning plans, and office similar desis | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes | | |
| 4.3 | Capitalone | Last 4 digits of account number NULL | \$ 3,480.00 |
| | Creditor's Name | 2015 2016 | |
| | 15000 Capital One Dr | When was the debt incurred? 2015-2016 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Richmond VA 23238 | Unliquidated | |
| , w | City State Zip Code Vho owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| Ē | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| 7 | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is | the claim subject to offest? | | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes | _ | |

Document Page 22 of 59 Alonzo Debtor 1

| Pa | Your NONPRIORITY Unsecured Claims - 0 | Continuation Page | | |
|-------|--|---|-----------------------------|---------------------|
| After | listing any entries on this page, number them b | neginning with 4.4, followed by 4.5, and | so forth. | Total Claim |
| 4.4 | Capitalone | Last 4 digits of account number | NULL | \$ <u>8,304.00</u> |
| | Creditor's Name | | 2011-2017 | |
| | 15000 Capital One Dr | When was the debt incurred? | 2011-2017 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | B: 1 1 1/4 00000 | Contingent | | |
| | Richmond VA 23238 | Unliquidated | | |
| | City State Zip Code Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured cla | aim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separation | n agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority clain | ns | |
| | community debt | Debts to pension or profit-sharing plan | ns, and other similar debts | |
| | Is the claim subject to offest? | | | |
| | No | Other. Specify Credit Card or Ci | redit Use | |
| | Yes Capitalone | | NULL | a 2 437 00 |
| 4.5 | | Last 4 digits of account number | | \$ <u>2,437.00</u> |
| | Creditor's Name 15000 Capital One Dr | When was the debt incurred? | 2013-2016 | |
| | Number Street | | | |
| | | | Oh a da all that are da | |
| | | As of the date you file, the claim is: | элеск ан тлат арргу. | |
| | Richmond VA 23238 | Contingent | | |
| | City State Zip Code | Unliquidated | | |
| | Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured cla | aim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separation | | |
| | Check if this claim relates to a | that you did not report as priority clain | | |
| | community debt Is the claim subject to offest? | Debts to pension or profit-sharing plan | ns, and other similar debts | |
| | No | Other. Specify Credit Card or Cr | redit Use | |
| | Yes | Officer: Specify Stoute State of St | out out | |
| 4.6 | Chase CARD | Last 4 digits of account number | NULL | \$ _8,673.00 |
| | Creditor's Name | | 2044-2046 | |
| | Po Box 15298 | When was the debt incurred? | 2014-2016 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | Wilesia atom | Contingent | | |
| | Wilmington DE 19850 | Unliquidated | | |
| | City State Zip Code Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured cla | aim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separation | n agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claim | ns | |
| | community debt | Debts to pension or profit-sharing plan | ns, and other similar debts | |
| | Is the claim subject to offest? | <u></u> | | |
| | ■ No | Other. Specify Credit Card or Cr | redit Use | |

Document Page 23 of 59
Case Number (if known) Alonzo Debtor 1

| P | Your NONPRIORITY Unsecured Claims - 0 | Continuation Page | | |
|-------|---|---|------------------------------|--------------------|
| After | listing any entries on this page, number them b | peginning with 4.4, followed by 4.5, an | d so forth. | Total Claim |
| 4.7 | First National BANK OF Omaha | Last 4 digits of account number | 7875 | \$ <u>3,943.00</u> |
| | Creditor's Name | | 2016 2016 | |
| | 5757 Phantom Dr Ste 225 | When was the debt incurred? | 2016-2016 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | | Contingent | | |
| | Hazelwood MO 63042 | Unliquidated | | |
| | City State Zip Code Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured of | laim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separation | on agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority cla | ims | |
| | community debt | Debts to pension or profit-sharing pl | ans, and other similar debts | |
| | Is the claim subject to offest? | _ | | |
| | No Yes | Other. Specify Unknown Credi | t Extension | |
| 4.8 | Floot One LLC | Last 4 digits of account number | | \$ _0.00 |
| 1.0 | Creditor's Name | - | | |
| | PO Box 1410 | When was the debt incurred? | | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply | |
| | | Contingent | onosical alacappy. | |
| | Troy MI 48099 | Unliquidated | | |
| | City State Zip Code | | | |
| | Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured of | laim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separation | on agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority cla | ims | |
| | community debt | Debts to pension or profit-sharing pl | ans, and other similar debts | |
| | Is the claim subject to offest? | <u></u> | | |
| | No | Other. SpecifyDebt Owed | | |
| - | Yes Insight Healthcare Services Inc. | Last 4 dimits of account mounts | 4484 | \$ 2,015.00 |
| 4.9 | Creditor's Name | Last 4 digits of account number | | <u> </u> |
| | 650 Devon Ave #190 | When was the debt incurred? | | |
| | Number Street | | | |
| | | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | Itasca IL 60143 | Contingent | | |
| | City State Zip Code | Unliquidated | | |
| | Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured of | laim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separation | on agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority cla | ims | |
| | community debt | Debts to pension or profit-sharing pl | ans, and other similar debts | |
| | Is the claim subject to offest? | | | |
| | No | Other. Specify Medical Debt | | |
| 1 | Yes | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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Case Number (if known) Alonzo Debtor 1

| Pa | Your NONPRIORITY Unsecured Claims - C | Continuation Page | |
|-------|--|--|------------------|
| After | listing any entries on this page, number them b | eginning with 4.4, followed by 4.5, and so forth. | Total Claim |
| 4.10 | LVNV Funding LLC | Last 4 digits of account number 3542 | <u>\$ 924.00</u> |
| | Creditor's Name | | |
| | PO Box 10584 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | 0 111 | Contingent | |
| | Greenville SC 29603 | Unliquidated | |
| | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes Nordstrom/TD BANK USA | Last 4 digits of account number NULL | \$ 526.00 |
| 4.11 | Creditor's Name | Last 4 digits of account number NULL | \$_020.00 |
| | 13531 E Caley Ave | When was the debt incurred? 2016-2017 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Englewood CO 80111 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who owes the debt? Check one. | | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes | | |
| 4.12 | Syncb HOME | Last 4 digits of account number NULL | \$ <u>0.00</u> |
| | Creditor's Name | When was the debt incurred? 2013-2016 | |
| | Po Box 965036 | When was the dept incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Orlando FL 32896 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes | Outer. Specify | |
| | | | |

| | | Case 18-04/46 | DOC I | | Page 25 of 50 | Desc Main |
|----------|------------|---------------|-------|-------------|--------------------------------------|-----------|
| Debtor 1 | Alonzo | | | RAMARILLELL | Page 25 of 59 Case Number (if known) | |
| | First Name | Middle Name | | Last Name | | |

Your NONPRIORITY Unsecured Claims - Continuation Page

| isting any entries on this page, number them be | ginning with 4.4, followed by 4.5, a | nd so forth. | Total Claim |
|--|--|--------------------------------|--------------------|
| Syncb/SAMS CLUB | Last 4 digits of account number _ | NULL | \$ <u>0.00</u> |
| Creditor's Name Po Box 965005 | When was the debt incurred? | 2013-2016 | |
| Number Street | | | |
| | As of the date you file, the claim is | : Check all that apply. | |
| Orlando FL 32896 | Contingent | | |
| | Unliquidated | | |
| City State Zip Code Who owes the debt? Check one. | Disputed | | |
| Debtor 1 only | | | |
| Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| Debtor 1 and Debtor 2 only | Student loans | | |
| At least one of the debtors and another | Obligations arising out of a separat | ion agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority cl | aims | |
| community debt | Debts to pension or profit-sharing p | olans, and other similar debts | |
| s the claim subject to offest? | | | |
| No | Other. Specify Credit Card or | Credit Use | |
| Yes | | 0000 | 4.454.00 |
| Synchrony Bank/HH Gregg | Last 4 digits of account number _ | 9890 | <u>\$_1,454.00</u> |
| Creditor's Name | | 2016-2017 | |
| 120 Corporate Blvd Ste 1 | When was the debt incurred? | 2010-2017 | |
| Number Street | | | |
| | As of the date you file, the claim is | : Check all that apply. | |
| | Contingent | | |
| Norfolk VA 23502 | Unliquidated | | |
| City State Zip Code | | | |
| Who owes the debt? Check one. | Disputed | | |
| Debtor 1 only | | | |
| Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| Debtor 1 and Debtor 2 only | Student loans | | |
| At least one of the debtors and another | Obligations arising out of a separat | ion agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority cl | | |
| community debt | Debts to pension or profit-sharing | | |
| s the claim subject to offest? | | nano, ana otnor ominar aosto | |
| No | Other, Specify Unknown Cred | it Extension | |
| Yes | Other. SpecifyUnknown Cred | il Extension | |
| Synchrony Bank/The Room Place/Harlem Furn | Last 4 digits of account number _ | 4846 | \$ <u>6,098.00</u> |
| Creditor's Name | When we the debt in sumed 2 | 2016-2016 | |
| Po Box 27288 | When was the debt incurred? | 2010 2010 | |
| Number Street | | | |
| | As of the date you file, the claim is | : Checк all that apply. | |
| Tempe AZ 85285 | Contingent | | |
| | Unliquidated | | |
| City State Zip Code Who owes the debt? Check one. | Disputed | | |
| Debtor 1 only | _ | | |
| Debtor 2 only | Type of NONPRIORITY unsecured | claim. | |
| Debtor 1 and Debtor 2 only | Student loans | olumi. | |
| = | = | ion agreement or diverse | |
| At least one of the debtors and another | Obligations arising out of a separat | · · | |
| Check if this claim relates to a community debt | that you did not report as priority cl Debts to pension or profit-sharing p | | |
| s the claim subject to offest? | | | |
| No | Other. Specify Collecting for C | Creditor | |
| ¬ | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Case 18-04746 Doc 1 Filed 02/21/18 Entered 02/21/18 16:55:07 Desc Main Document Page 26 of 59 (Inches (If known)) Dobtor 1 Alonzo

| Deptor 1 Alonzo | | Aldrete | Case Number (If known) | |
|--|---|--|-------------------------|----------------|
| 4.16 First Name The Roomplace | Middle Name ce/Harlem Furniture | Last Name Last 4 digits of account number | 9301 | \$ <u>0.00</u> |
| Creditor's Name 16 Mcleland R | d | When was the debt incurred? | 2017-2017 | |
| Number | Street | As of the date you file, the claim is: | : Check all that apply. | |
| Saint Cloud City Who owes the de | MN 56303 State Zip Code bt? Check one. | Contingent Unliquidated Disputed | | |
| Debtor 1 only Debtor 2 only Debtor 1 and D At least one of | ebtor 2 only the debtors and another | Type of NONPRIORITY unsecured Student loans Obligations arising out of a separat | | |
| Check if this of community do | | that you did not report as priority clar Debts to pension or profit-sharing p | | |
| No Yes | | Other. SpecifyUnknown Cred | it Extension | |

List Others to Be Notified for a Debt That You Already Listed

Page 27 of 59 Document Alonzo Debtor 1

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Clerk, Fourth Mun Div, 2017-M4-003867 On which entry in Part 1 or Part 2 list the original creditor? 1500 Maybrook Dr #236 Line __1__ of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number IL 60153 Last 4 digits of account number ____ 3867____ Maywood State Zip Code Mandarich Law Group, LLP, 2017-M4-003867 On which entry in Part 1 or Part 2 list the original creditor? Name Line 1 of (Check one): Part 1: Creditors with Priority Unsecured Claims 420 N Wabash #400 Street Part 2: Creditors with Nonpriority Unsecured Claims Number Last 4 digits of account number _____ 3867 Chicago City State Zip Code Clerk, First Mun Div, 2007-M1-222037 On which entry in Part 1 or Part 2 list the original creditor? Name 50 W. Washington St., Rm. 1001 Line 2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number Chicago II 60602 Last 4 digits of account number ____ ___ State Zip Code City Blitt and Gaines, PC, 2007-M1-222037 On which entry in Part 1 or Part 2 list the original creditor? Name Line 2 of (Check one): Part 1: Creditors with Priority Unsecured Claims 661 Glenn Ave. Part 2: Creditors with Nonpriority Unsecured Claims Number Wheeling 60090 Last 4 digits of account number ____ ___ State Zip Code Clerk, Fourth Mun Div, 2017-M4-007555 On which entry in Part 1 or Part 2 list the original creditor? Part 1: Creditors with Priority Unsecured Claims Line 4 of (Check one): 1500 Maybrook Dr #236 Part 2: Creditors with Nonpriority Unsecured Claims Number Maywood IL 60153 Last 4 digits of account number ____ NULL ____ State Zip Code Blitt and Gaines, PC, 2017-M4-007555 On which entry in Part 1 or Part 2 list the original creditor? Line 4 of (Check one): Part 1: Creditors with Priority Unsecured Claims 661 Glenn Ave. Part 2: Creditors with Nonpriority Unsecured Claims Number

Last 4 digits of account number ____ NULL ____

Schedule E/F: Creditors Who Have Unsecured Claims

City

60090

State Zip Code

Case 18-04746 Doc 1 Filed 02/21/18 Entered 02/21/18 16:55:07 Desc Main

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Case Number (if known)

Debtor 1 Last Name Clerk, First Mun Div, 2005-M1-124484 On which entry in Part 1 or Part 2 list the original creditor? Name 50 W. Washington St., Rm. 1001 Line 8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Street Number Chicago IL 60602 Last 4 digits of account number ____ 4484____ State Zip Code City David B. Bohrer, 2005-M1-124484 On which entry in Part 1 or Part 2 list the original creditor? Name Line 8 of (Check one): Part 1: Creditors with Priority Unsecured Claims 900 Skokie Blvd #250 Part 2: Creditors with Nonpriority Unsecured Claims Number Street 4484 60062 Last 4 digits of account number __ Northbrook City State Zip Code Clerk, First Mun Div, 2008-M1-103542 On which entry in Part 1 or Part 2 list the original creditor? Name 50 W. Washington St., Rm. 1001 Line 9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number IL 60602 Chicago Last 4 digits of account number ____ 3542____ State Zip Code City Freedman Anselmo Lindberg &, 2008-M1-103542 On which entry in Part 1 or Part 2 list the original creditor? Name Line 9 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO Box 3216 Part 2: Creditors with Nonpriority Unsecured Claims Number Street Last 4 digits of account number _____<u>3542</u>____ Naperville IL 60566

State Zip Code

City

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Schedule E/F: Creditors Who Have Unsecured Claims

Alonzo Debtor 1

Add the Amounts for Each Type of Unsecured Claim

| | | | Total claim |
|--------------------------|---|-----|-------------|
| otal claims om Part 1 | 6a. Domestic support obligations | 6a. | \$0.00 |
| | 6b. Taxes and Certain other debts you owe the government | 6b. | \$26,425.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ |
| | | | Total claim |
| otal claims | 6f. Student loans | 6f. | \$0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ |

| | | Caso 19 | 04746 Doc 1 | Eilad 02/21/19 | Entor | ed 02/21/18 16 | 3:55:07 | Desc Main | |
|------------|----------------------------------|----------------------|--|------------------------------|-------------|-----------------------------|------------------|------------------|------|
| Fi | ll in this in | formation to ident | ify your case: | | | 0 of 59 | | | |
| D | ebtor 1 | Alonzo | | Aldrete | | | | | |
| - | -h40 | First Name | Middle Name | Last Name | | | | | |
| | ebtor 2 pouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| U | nited States | Bankruptcy Court for | the : <u>NORTHERN</u> District of | <u>ILLINOIS</u> | | | | | |
| C | ase Number | | | (State) | | | | Check if this is | an |
| | f known) | | | | | J | | amended filing | |
| <u>Off</u> | <u>icial Fo</u> | orm 106G | | | | | | | |
| | | | ory Contracts and | | | | | | 12/1 |
| nforr | nation. If n | nore space is need | ossible. If two married peopled, copy the additional page | e, fill it out, number the e | | | | | |
| | | _ | and case number (if known) ontracts or unexpired leases | | | | | | |
| | | - | ubmit this form to the court wit | | ou have no | thing else to report on thi | is form. | | |
| [| _ | | ation below even if the contra | | | | | | |
| | | | | | | , , , , | , | | |
| | | | r company with whom you h | | | | | | |
| | xample, re nexpired le | | cell phone). See the instruction | ns for this form in the inst | ruction boo | klet for more examples o | f executory co | ontracts and | |
| | Doreon or | company with wh | om you have the contract or | logeo | | State what the co | ntract or loas | o is for | |
| | reison or | company with wir | om you have the contract of | lease | | State what the co | illiact of least | e 15 101 | |
| 2.1 | | | | | - | | | | |
| | Name | | | | | | | | |
| | Number | Street | | | _ | | | | |
| | City | | State Zip | o Code | - | | | | |
| 2.2 | | | | | | | | | |
| 2.2 | Name | | | | - | | | | |
| | | | | | _ | | | | |
| | Number | Street | | | | | | | |
| | City | | State Zip | o Code | - | | | | |
| 2.3 | | | | | | | | | |
| | Name | | | | - | | | | |
| | Number | Street | | | _ | | | | |
| | | | | | _ | | | | |
| | City | | State Zip | o Code | | | | | |
| 2.4 | | | | | | | | | |
| | Name | | | | - | | | | |
| | Number | Street | | | - | | | | |
| | rambo | 54.551 | | | | | | | |
| | City | | State Zip | o Code | | | | | |
| 2.5 | | | | | | | | | |
| | Name | | | | = | | | | |
| | Number | Street | | | - | | | | |
| | | | | | | | | | |

State Zip Code

City

| Fill in this in | formation to ider | ntify your case: | |
|---------------------|---------------------|--|-----------------|
| Debtor 1 | Alonzo | | Aldrete |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number | - | | |
| (If known) | | | |

Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any Additional Pages, write your name and case number (if known). Answer every question. | | | | | |
|--|---------------|--|----------------------------------|---------------|--|
| 1. D | o you have ar | y codebtors? (If you are filing a | joint case, do not list either s | spouse as a c | odebtor.) |
| | No. | | | | |
| | | B years, have you lived in a cor nia, Idaho, Lousiiana, Nevada, N | • • • • | | nmunity property states and territories include on, and Wisconsin.) |
| | No. Go to li | ne 3. | | | |
| | Yes. Did yo | ur spouse, former spouse, or le | gal equivalent live with you at | t the time? | |
| | _ | nwhich community state or territo | ory did you live? | F | ill in the name and current address of that person. |
| | Name of y | rour spouse, former spouse or legal equiva | alent | | |
| | Number | Street | | | |
| | City | | State | Zip Code | |
| | Column 1: Yo | or Schedule G to fill out Columi | n 2. | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | City | | State | Zip Code | |
| 3.2 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | City | | State | Zip Code | |
| 3.3 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | City | | State | Zip Code | |

Official Form 106H Record # 755445 Schedule H: Your Codebtors Page 1 of 1

| | | | Documeni F | 7ane 37 | 01 59 |
|---------------------|--------------------|------------------------------------|------------|---------|--|
| Fill in this ir | nformation to iden | tify your case: | | | |
| Debtor 1 | Alonzo | | Aldrete | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | · | |
| | | r the : <u>NORTHERN DISTRICT O</u> | _ | | Check if this is: |
| | | | | | ☐ An amended filing☐ A supplement showing post-petitionchapter 13 income as of the following date: |
| Official F | orm 106I | | | | MM / DD / YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | TE 1: Describe Employment | | | | | | | |
|---|--|--------------------------|---------------------------|--------------|-----------------------------------|--|--|--|
| 1. | Fill in your employment information | | Debtor 1 | | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | X Employed Not employed | ı | Employed Not employed | | | |
| | Include part-time, seasonal, or self-employed work. | Occupation | Owner | | | | | |
| | Occupation may Include student or homemaker, if it applies. | Employers name | JAH Trucking, Inc | ·. | | | | |
| | | Employers address | 7300 W. 25th St, L | Jnit 1051 | | | | |
| | | | North Riverside, IL 60546 | | 3 | | | |
| | | How long employed there? | Since 6/1/2016 | | | | | |
| Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. | | | | | | | | |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | | | |
| 2. | List monthly gross wages, salar deductions). If not paid monthly, o | • | \$0.00 | \$0.00 | | | | |
| 3. | Estimate and list monthly overtime pay. | | | \$0.00 | \$0.00 | | | |
| 4. | . Calculate gross income. Add line 2 + line 3. | | \$0.00 | \$0.00 | | | | |

 Official Form 106I
 Record # 755445
 Schedule I: Your Income
 Page 1 of 2

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Case Number (if known)

Debtor 1

Document Alonzo First Name Middle Name Last Name

| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|-------------|-------------------|---|--------------------------------|----------------------------|-----------------------------------|-------------------|
| | Cop | y line 4 here | 4. | \$0.00 | \$0.00 | |
| 5. I | ist all | payroll deductions: | | | | |
| | 5a. 1 | Tax, Medicare, and Social Security deductions | 5a. _ | \$0.00 | \$0.00 | |
| | 5b. N | Mandatory contributions for retirement plans | 5b. _ | \$0.00 | \$0.00 | |
| | 5c. \ | oluntary contributions for retirement plans | 5c. _ | \$0.00 | \$0.00 | |
| | 5d. F | Required repayments of retirement fund loans | 5d. | \$0.00 | \$0.00 | |
| | | nsurance | 5e. _ | \$0.00 | \$0.00 | |
| | 5f. [| Domestic support obligations | 5f. _ | \$0.00 | \$0.00 | |
| | 5g. l | Jnion dues | 5g. _ | \$0.00 | \$0.00 | |
| | | Other deductions. Specify: | 5h. _ | \$0.00 | \$0.00 | |
| | | e payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. | 6. _ | \$0.00 | \$0.00 | |
| 7. C | alcula | te total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | \$0.00 | |
| 8. L | ist all | other income regularly received: | | | | |
| | 8a. | Net income from rental property and from operating a business, | | | | |
| | | profession, or farm | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | |
| | | monthly net income. | 8a. | ФЕ 002 00 | #0.00 | |
| | 8b. | Interest and dividends | 8b. | \$5,083.00 \$0.00 | \$0.00 \$0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a | _ | | | |
| | oc. | dependent regularly receive | 8c. — | \$ 0.00 | \$ 0.00 | |
| | | Include alimony, spousal support, child support, maintenance, divorce | | | | |
| | | settlement, and property settlement. | | | | |
| | 8d. | Unemployment compensation | 8d. | \$0.00 | \$0.00 | |
| | 8e. | Social Security | 8e. | \$0.00 | \$0.00 | |
| | 8f. | Other government assistance that you regularly receive | 8f. | \$0.00 | \$0.00 | |
| | | Include cash assistance and the value (if known) of any non-cash | | | | |
| | | assistance that you receive, such as food stamps (benefits under the | | | | |
| | | Supplemental Nutrition Assistance Program) or housing subsidies. | | | | |
| | | Specify: | | | | |
| | 8g. | Pension or retirement income | 8g. | \$0.00 | \$0.00 | |
| | 8h. | Other monthly income. Specify: | 8h | \$0.00 | \$0.00 | |
| 9. | Add | all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$5,083.00 | \$0.00 | |
| 10. | Calc | ulate monthly income. Add line 7 + line 9. | 10. | *5.000.00 | | |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | · · · L | \$5,083.00 + | \$0.00 | \$5,083.00 |
| 11. | Incluothe Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. In the contributions from an unmarried partner, members of your household, your friends or relatives. In the contribution is the expenses that you list in Schedule in Indiana. | our dependen ot available t | o pay expenses listed in | | 11. \$0.00 |
| 12. | Add | the amount in the last column of line 10 to the amount in line 11. The res | sult is the con | nbined monthly income. | | |
| | | e that amount on the Summary of Schedules and Statistical Summary of Ce | | es and Related Data, if it | applies | \$5,083.00 |
| 13. | х | ou expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | |

| Fill in this ir | nformation to identify your | r case: | | | | | |
|--|---|--|---|---|--------------------|-------------------------------|--|
| Debtor 1 | Alonzo | | Aldrete | Check if this is: | | | |
| Dahtar 0 | First Name | Middle Name | Last Name | An amend | ŭ | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | . — · · | of the following d | -petition chapter 13 ate: | |
| United States | Bankruptcy Court for the : <u>l</u> | NORTHERN DISTRICT (| OF ILLINOIS. | | 1000/ | | |
| Case Numbe (If known) | r | | | MM / DD / | YYYY | | |
| | | | | | - | 2 because Debtor 2 | |
| Official F | orm 106J | | | ☐ maintains | a separate house | hold. | |
| Schedul | le J: Your Exp | enses | | | | 12/15 | |
| | needed, attach another sh | | = = | are equally responsible for supply ages, write your name and case nui | = | | |
| | Describe Your Household | | | | | | |
| | Go to line 2. Does Debtor 2 live in a se | parate household? ile a separate Schedu | le J. | | | | |
| | have dependents? | No No | H. S. Seferman Comp. | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? | |
| Do not ii Debtor 2 | st Debtor 1 and 2. | | this information for dent | Doughtor | | No | |
| | tate the dependents' | | | Daughter | | X Yes | |
| names. | | | | | | x No | |
| | | | | | | Yes | |
| | | | | | | X No Yes | |
| | | | | | | X No | |
| | | | | | | Yes | |
| | | | | | | X No | |
| | | | | | | Yes | |
| expense | expenses include es of people other than | X No | | | | | |
| yourself | f and your dependents? | Tes | | | | | |
| | Estimate Your Ongoing Mon | | | | | | |
| _ | of a date after the bankrup | | | m as a supplement in a Chapter 13 /, check the box at the top of the for | | | |
| | = | = | nce if you know the value Income (Official Form 106 | | Y | our expenses | |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and | | | | | | | |
| any rent for the ground or lot. 4. | | | | | | \$850.00 | |
| If not in | cluded in line 4: | | | | | | |
| 4a. Re | eal estate taxes | | | | 4a. | \$0.00 | |
| 4b. Pr | operty, homeowner's, or re | nter's insurance | | | 4b. | \$0.00 | |
| | ome maintenance, repair, a | | | | 4c. | \$0.00 | |
| 4d. Ho | omeowner's association or | condominium dues | | | 4d. | \$0.00 | |

Document

Last Name

Page 35 of 59 Case Number (if known) _

Your expenses \$0.00 5. Additional Mortgage payments for your residence, such as home equity loans 6. **Utilities:** \$160.00 Electricity, heat, natural gas 6a. 6b \$0.00 Water, sewer, garbage collection \$0.00 6c. Telephone, cell phone, internet, satellite, and cable service \$ 0.00 Other. Specify:_ 6d. 7. \$500.00 7. Food and housekeeping supplies \$10.00 8. 8. Childcare and children's education costs \$25.00 9. Clothing, laundry, and dry cleaning \$25.00 10. Personal care products and services 10. \$25.00 11. Medical and dental expenses 11. \$250.00 Transportation. Include gas, maintenance, bus or train fare. 12. Do not include car payments. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 14. Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. \$40.00 15a. Life insurance \$540.00 15b. 15b. Health insurance \$198.00 15c. Vehicle insurance 15c. \$0.00 15d. Other insurance. Specify: 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Federal or State Tax Deductions or Repayments \$750.00 16. 17. Installment or lease payments: \$0.00 17a. 17a. Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b. \$0.00 17c. 17c. Other. Specify:_ \$0.00 17d. Other. Specify: 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. 19 \$0.00 Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. 20a. Mortgages on other property \$ 0.00 \$ 0.00 20b. 20b. Real estate taxes \$ 0.00 20c. 20c. Property, homeowner's, or renter's insurance 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses \$ 0.00 20e. 20e. Homeowner's association or condominium dues

Official Form 106J Record # 755445

Debtor 1

Alonzo

First Name

Middle Name

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Case Number (if known)

| Debtor 1 | Alonzo | | Aldrete | Case Number (if known) | | | | | |
|----------|---|---|----------------------------|------------------------|---------------|------------|--|--|--|
| | First Name | Middle Name | Last Name | | | | | | |
| 21. | Other. Spe | ecify: Whole Life (\$60.00), | | | 21. | \$60.00 | | | |
| 22 | Your mont | hly expense: Add lines 4 through 21. | | | 22. | \$3,433.00 | | | |
| | The result i | is your monthly expenses. | | | _ | | | | |
| 23. | Calculate y | your monthly net income. | | | | | | | |
| | 23a. | Copy line 12 (your comibined monthly incomi | me) from Schedule I. | | 23a. | \$5,083.00 | | | |
| | 23b. | Copy your monthly expenses from line 22 a | bove. | | 23b. – | \$3,433.00 | | | |
| | | Subtract your monthly expenses from your | monthly income. | | 23c. | \$1,650.00 | | | |
| | | The result is your monthly net income. | | | | | | | |
| | | | | | | | | | |
| | _ | | | | | | | | |
| | Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your | | | | | | | | |
| | • | payment to increase or decrease because o | • | | | | | | |
| | X No | aymont to moreage of accreace because o | a modification to the term | io or your mongago. | | | | | |
| | Yes. | Explain Here: | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

 Official Form 106J
 Record #
 755445
 Schedule J: Your Expenses
 Page 3 of 3

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|---|
| Did you pay or agree to pay someone who is NO | OT an attorney to help you fill out bankruptcy forms? |
| Yes. Name of Person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| Under penalty of perjury, I declare that I have re correct. | ead the summary and schedules filed with this declaration and that they are true and |
| ✗ /s/ Alonzo Aldrete | × |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date 01/13/2018 MM / DD / YYYY | DateMM / DD / YYYY |

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| | | | ocamen i | 440 00 1 |
|---------------------------|------------------|---|-----------|----------|
| Fill in this in | formation to ide | entify your case: | | |
| Debtor 1 | Alonzo | | Aldrete | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | _ |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court | for the : <u>NORTHERN</u> District of _ | | |
| | | | (State) | |
| Case Number (If known) | r | | _ | |
| . , | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| num | number (if known). Answer every question. | | | | | | |
|-----|---|-------------------------------|--------------|-------------------------------|--|--|--|
| | | | | | | | |
| | Part 1: Give Details About Your Marital Status and Where You Lived Before 01. What is your current marital status? | | | | | | |
| 01. | _ | | | | | | |
| | Married | | | | | | |
| | Not married | | | | | | |
| 02 | During the last 3 years, have you lived anywhere other tha | n where you live nov | w? | | | | |
| - | ■ No. | | • | | | | |
| | Yes. List all of the places you lived in the last 3 years. Do | not include where yo | ou live now. | | | | |
| | | | | | | | |
| | Debtor 1 | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there | | | |
| 03 | Within the last 8 years, did you ever live with a spouse or I property states and territories include Arizona, California, and Wisconsin.) No. Yes. Make sure you fill out Schedule H: Your Codebtors (| ldaho, Louisiana, Ne | | | | | |
| | | | | | | | |
| | Explain the Sources of Your Income | | | | | | |
| | - · | | | | | | |
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Debtor 1 Alonzo Aldrete Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$808 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, \$0 Wages, commissions, For last calendar year: bonuses, tips bonuses, tips \$60,000 (est) (January 1 to December 31, 2017) Operating a business Operating a business Wages, commissions, \$0 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips \$60,259 (January 1 to December 31, 2016) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) 6,728 **Qualified Dividends** For last calendar year: from business (January 1 to December 31, 2016) List Certain Payments You Made Before You Filed for Bankruptcy

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Alonzo Aldrete Case Number (if known) _ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Was this payment for... Total amount paid Amount you still owe payments Chase AUTO \$32,247 Monthly \$650 ■ Mortgage Car Po Box 901003 Credit card Ft Worth, TX 76101 Loan repayment Suppliers or vendors Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment Include creditor's name payment Part 4: Identify Legal actions, Repossessions, and Foreclosures

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Alonzo Aldrete Case Number (if known) First Name Middle Name Last Name Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes Yes. Fill in the details. Nature of the case Court or agency Status of the case Pending Contract Cook County Circuit Court CACH LLC vs. Alonzo Aldrete On appeal Case No. 2017-M4-003867 ☐ Concluded Pending Cook County Circuit Court Capital One Bank vs. Alonzo Aldrete Contract On appeal Case No. 2017-M4-007555 ☐ Concluded 10 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11 Yes. Fill in the information below. 11 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No. Go to line 11 Yes. Fill in the information below. 12 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No. Yes. **List Certain Gifts and Contributions** 13 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. 14 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift. List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No. Yes. Fill in the details for each gift. List Certain Payments or Transfers Part 7: Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ∏ No. Yes. Fill in the details

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 Alonzo
 Aldrete
 Case Number (if known)

 First Name
 Middle Name
 Last Name

| | Party Contact Info | Description and value of any property to | ansferred | Date payment or transfer | Amount | of payment |
|----|---|--|---|---|-------------------------|------------------------|
| | Geraci Law L.L.C. | | | 11/2017 - | Payment | |
| | 55 E. Monroe Street #3400 | | | 1/2018 | \$4,000.0 paid prior | 0: \$2,190.00 |
| | Chicago,IL 60603 | | | | balance t | o be paid |
| | | | | | through t | he plan. |
| | | | | | | |
| | | | | | | |
| | Party Contact Info | Description and value of any property to | ansferred | Date payment or transfer | Amount | of payment |
| | Hananwill Credit Counseling | Credit Counseling Services | | 2018 | \$25.00 | |
| | 115 N. Cross St. | | | | | |
| | Robinson, IL 62454 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Within 1 year before you filed for bankruptcy, did yo promised to help you deal with your creditors or to Do not include any payment or transfer that you list | make payments to your creditors? | y or transfer any pro | pperty to anyone w | rho | |
| | No. | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Within 2 years before you filed for bankruptcy, did y transferred in the ordinary course of your business Include both outright transfers and transfers made a Do not include gifts and transfers that you have already No. No. Yes. Fill in the details for each gift. | or financial affairs? as security (such as the granting of a secu | | | | |
| | | Description and value of property transferred | Describe any proper or debts paid in excl | ty or payments recei | ved | Date transfer was made |
| | Hilda Uribe | 2006 Freighliner Century. NADA | Vehicle was titled to | | | 3/22/2016 |
| | 2105 S 56th Ct. | was paid in full, his spouse to fa | | ort Inc. Once the vehicle , Debtor transferred time to aciliate the dividson of | | |
| | Cicero, IL 60804 | | | | | |
| | | | assets since they w divorce. | vere contemplating | а | |
| | | | | | | |
| | Person's relationship to you Debtor's spouse | | | | | |
| | Within 10 years before you filed for bankruptcy, did beneficiary? (These are often called asset-protectio No. | | l trust or similar devi | ice of which you a | re a | |
| | Yes. Fill in the details for each gift. | | | | | |
| | <u> </u> | | | | | |
| Pŧ | List Certain Financial Accounts, Instruments, | Safe Deposit Boxes, and Storage Units | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

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Case Number (if known)

Aldrete

First Name Middle Name Last Name Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer or transferred 21 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No. Yes. Fill in the details. Who else had access to it? Do you still Describe the contents have it? 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ∏ No. Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? Filed from business ∏ No Life Storage None Yes 1800 Des Plaines Ave Forest Park, IL 60130 **Identify Property You Hold or Control for Someone Else** 23 Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No. Yes. Fill in the details. Where is the property? Describe the property Value **Give Details About Environmental Information** Part 10: For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 25 Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice

Alonzo

Debtor 1

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| | Alonzo | | Aldrete | | Case Numb | oer (if known) | |
|----------------------------|---|----------------|--|-----------------|----------------------------|--|-------------------------|
| or 1 | First Name | Middle Name | Last Name | | Case Num | Del (II KIIOWII) | |
| | | 12 . 2 . 1 | | | | | 1 |
| Have | e you been a party in any jud | dicial or adn | ninistrative proceeding un | der any envir | onmental law? Include s | ettiements and ord | iers. |
| 1 | No. | | | | | | |
| □ \ | Yes. Fill in the details. | | | | | | |
| | | | Court or agency | | Nature of the case | | Status of the case |
| | | | | | | | |
| t 11: | Give Details About Your B | Business or C | Connections to Any Business | • | | | |
| With | nin 4 years before you filed fo | or bankrupt | cy, did you own a busines | s or have any | of the following connec | tions to any busin | ess? |
| | A sole proprietor or self- | employed in | a trade, profession, or oth | ner activity, e | ther full-time or part-tim | е | |
| ļ | A member of a limited lia | bility compa | any (LLC) or limited liabilit | y partnership | (LLP) | | |
| ĺ | | 0 | | | | | |
| | ☐ An officer, director, or ma | anaging exe | cutive of a corporation | | | | |
| | ☐ An owner of at least 5% o | | | orporation | | | |
| | | | , , , | | | | |
| □ 1 | No. None of the above applies | s. Go to Par | t 12. | | | | |
| \ \ | Yes. Check all that apply abov | ve and fill in | the details below for each b | ousiness. | | | |
| Jí | AH Trucking Inc. | | Describe the nature of the b | usiness | | Employer Identific | ation number |
| | O Box 1051 | | | | | | cial Security number or |
| | lorth Riveside, IL 60546 | | Self-employed trucker. | | | FINI. EINI 91 20 | 05622 |
| | | | | | | EIN: <u>EIN 81-2095622</u> | |
| _ | | | Name of accountant or bookl | reener | | Dates business ex | ristad |
| | | | Betzabe Mendoza | | Dates busilless ex | listeu | |
| | | | Mendoza Consultants Inc | Ē | | 4/2016 - Pres | ent. |
| | | | 1600 S 57th Ave Cicero, IL 60804 | | | | |
| _ | | | | | | | |
| X | (press Transport Inc. | | Describe the nature of the business | | Employer Identific | cation number cial Security number or | |
| | PO Box 1051 Solf employed trucker | | | | | | |
| _ | | | Self-employed trucker. | | EIN: EIN 46-1326160 | | |
| _ | Riverside, IL 60546 | | Sell-employed trucker. | | | EIN: EIN 46-13 | 326160 |
| _ | | | | | | | |
| _ | | | Name of accountant or book | keeper | | EIN: EIN 46-13 | |
| _ | | | | Keeper | | Dates business ex | xisted |
| _ | | | Name of accountant or book | keeper | | | xisted |
| _ | | | Name of accountant or book | кеерег | | Dates business ex | xisted |
| R With insti | Riverside, IL 60546 nin 2 years before you filed fo itutions, creditors, or other p | - | Name of accountant or bookle | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| R With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or bookle | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| R With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| R With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| R With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| R With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| R With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| R With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| With | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |
| With insti | nin 2 years before you filed fo itutions, creditors, or other p | parties. | Name of accountant or books None cy, did you give a financia | | anyone about your bus | Dates business ex 2012 - 3/2016 | xisted |

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 Debtor 1
 Alonzo
 Aldrete
 Case Number (if known)

 First Name
 Middle Name
 Last Name

| Part 12: | Sign Below | | | | | | |
|--|---|--|--|--|--|--|--|
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | | | | |
| 🗶 /s | / Alonzo Aldrete | Signature of Debtor 2 | | | | | |
| Si | gnature of Debtor 1 | Signature of Debtor 2 | | | | | |
| Da | ate 01/13/2018 MM / DD / YYYY | Date | | | | | |
| Did you | Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | | | | | | |
| No | | | | | | | |
| Yes | : | | | | | | |
| Did you | Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? | | | | | | |
| No | | | | | | | |
| Yes | s. Name of person | Attach the <i>Bankruptcy Petition Preparer's Notice</i> , Declaration, and Signature (Official Form 119). | | | | | |
| | | | | | | | |

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In | re | | | | |
|-----|--------------|---|---|--------------------------------|--|
| Alo | onzo Aldreto | e / Debtor | | Case No: | |
| | | | | Chapter: | Chapter 13 |
| | | DISCLOSURE OF C | OMPENSATION OF ATTORNEY | Y FOR DEB | TOR |
| | npensation p | to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 and to me within one year before the filing of the rendered on behalf of the debtor(s) in contract. | 6(b), I certify that I am the attorney f the petition in bankruptcy, or agree | for the above ed to be paid | e named debtor(s) and that to me, for services |
| | For legal s | services, I have agreed to accept | NON-CARA | | |
| | Prior to th | e filing of this statement I have received | \$2,190.00 | | |
| | Balance D | Oue | NON-CARA | | |
| 2. | The source | e of the compensation paid to me was: | | | |
| | Debt | tor(s) Other: (specify) | | | |
| 3. | The source | e of compensation to be paid to me is: | | | |
| | Del | ottor(s) Other: (specify) | | | |
| 4. | | e not agreed to share the above-disclosed cor law firm. | npensation with any other person ur | nless they are | e members and associates |
| | | e agreed to share the above-disclosed comper law firm. A copy of the agreement, togethered. | | | |
| 5. | In return fo | or the above-disclosed fee, I have agreed to r ding: | ender legal service for all aspects of | f the bankrup | otcy |
| | - | vsis of the debtor's financial situation, and re | endering advice to the debtor in dete | rmining whe | other to file a petition in |
| | | uptcy; | | 1 | . 1 |
| | - | ration and filing of any petition, schedules, s | • | | |
| | c. Kepre | esentation of the debtor at the meeting of cred | antors and confirmation hearing, and | any adjourn | led hearings thereor; |
| 6. | By agreem | ent with the debtor(s), the above-disclosed f | ee does not include the following se | rvice: | |
| | | | | | |
| | | I certify that the foregoing is a comple payment to me for representation of the de | | | ır |
| | | Date: 01/27/2018 | /s/ Merid Teklehaimanot Mekor | nnen | |
| | | Date | Signature of Attorney | | |
| | | | Geraci Law L.L.C. | | |

Page 1 of 1 Record # 755445

Name of law firm

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Chapter 13 Retainer Agreement

National Headquarters: 55 E. Monroe Street # 3400 Chicago, IL 60603 866.925.1313 help@geracilaw.com

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter 13 bankruptcy under the following terms and conditions:

FEES: Geraci Law's representation is on an hourly basis, with a retainer of \$ 2,190 __, and with all fees subject to allowance by the Court.. This amount does NOT INCLUDE court filing fees of \$310, costs for credit counseling or financial management classes. I agree to pay attorney's fees for all work done by Geraci Law on my behalf at the hourly rates of the attorneys, paralegals and support staff at Geraci Law, depending on who works on my case. The current hourly rates are as follows: \$650 per hour for Peter F. Geraci; \$450 per hour for Supervising Attorneys, \$375 per hour for Senior Attorneys; \$300 per hour for Attorneys; \$250 per hour for Junior Attorneys; \$150 per hour for Senior Paralegals; \$125 per hour for Paralegals; \$85 per hour for phone counselors, and \$150 per hour for the firm's Managing Director. Any amount not paid prior to the case being filed shall be paid through the Chapter 13 Trustee. As the case proceeds, I understand Geraci Law may request additional fees based on work done. If the Court awards additional fees, they will also be paid through the Chapter 13 Trustee. Fees are "advance payment retainers" for pre-filing and pre-confirmation work. become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the fee. If this contract is terminated by either party prior to the filling of the case, the firm will refund unearned fees based on work done at the hourly rates listed previously with an accounting, and on request, submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed. More than one attorney and paralegal will work on my case. No other work: Geraci Law is not representing me in state or other courts regarding creditors in my bankruptcy. Any state court action not stopped by the Automatic Stay of a filed bankruptcy is my responsibility. Injury or other claims or property I must disclose any such claims or property I now have or acquire after filing Chapter 13 to both the Chapter 13 trustee and to the court in a filed amendment and obtain authority to keep them or pay those claims to the Trustee. PLAN: The plan payment is estimated to be \$1,650 per month for 54 months. The payment and length of the plan are based on the information I have provided, including income, expenses, assets and debts. If these amounts are not accurate, my plan payment or duration may need to be increased. In addition, the Court, Chapter 13 Trustee or creditors could object to my proposed Chapter 13 payment, which may cause it to increase. I further understand that if my income or expenses change during my Chapter 13, my plan payment may have to change. I agree to read my petition and plan and study it before signing it so I know what is included, INCLUDING what I am listing as debts, what my property is, what my assets are and if they are claimed as exempt, and to make full disclosure. My plan payment DOES include the following, unless stated otherwise: mortgage arrears; association arrears; vehicles; tax debt; support obligations that are post due (but not future) parking tickets (not traffic fines); debts pursuant to a divorce decree/marital settlement you listed; other secured debts including furniture, electronics, etc.; all other unsecured debts; other: My plan payment does NOT include any future payments to mortgages, realty taxes or insurance on real estate or future debts, or the following debts and I am responsible for making sure they are paid in a timely manner: future support or mortgage connected payments as set forth in my budget and plan; criminal fines/court fees; rent/lease arrears; sold property taxes; debts incurred after the case is filed, including any association fees as long as the property is in my name; these cosigned debts: vehicles where another person is scheduled to make the payments; other:

Student loans: are usually NEVER paid 100% in a Chapter 13, but are paid the same percentage as unsecured creditors without interest, so my student loans will CONTINUE to accrue interest, and if I don't pay them directly they will be even larger at the end of the plan, so I have been told about this and I will deal with my student loans myself directly

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Chapter 13 Retainer Agreement

National Headquarters: 55 E. Monroe Street # 3400 Chicago, IL 60603 866.925.1313 help@geracilaw.com

If I have any of the following debts, they will NOT be discharged if they are not paid in full: student loans; educational debts; unfiled or late filed tax debts; undisclosed debts; support/maintenance debts; debts incurred by fraud or other debts found non-dischargeable by the Bankruptcy Court; other:

If I am eligible to receive a tax refund during your Chapter 13, I understand I must turn it over to the Chapter 13 Trustee unless I am specifically advised that I do not need to. I understand this may change on a yearly basis, so I must check with my attorneys every year. I also understand that if I receive any significant sums of money other than through employment, including but not limited to life insurance proceeds, workers compensation award, personal injury or other court settlement, I MUST notify my attorney immediately and I may have to pay some or all of the funds into my Chapter 13 plan.

I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition. If I fail to remain current in a domestic support obligation, fail to certify to the Court that I have remained current, or if I fail to take my financial management class, my case may be closed without a discharge, and I will be required to pay a fee to have it reopened.

I have received the 11 U.S.C § 527(a) disclosures.

Debtor

Dated:

12018

Attorney for the Debtor(s)

Representing Geraci Law L.L.C.

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| | Alforation Les. | hereby acknowledge that I | have reviewed my |
|--|--|--|---|
| Chapter 13 plan with my attorney, and | the following are the te | erms being proposed: | 650 per month for at |
| The total amount to be paid to the True least 54 months. This amount may to pay will increase if I am required to | stee is estimated to be y change depending or turn over some or all o | the claims filed, and the total of my tax refunds. | amount I am required |
| Any scheduled increases are as follow | ws: None. | | |
| | | | |
| This includes: 1. These vehicles: 2016 | Jeep What | 901 | |
| 2. These other secured debts: | | , | |
| 3. Tax debt of \$ 23 ; 140 | _ Support debt of \$_ | Mortgage arre | ears of \$_ <i>IV [A</i> |
| 4. Other: <u>IV/A</u> | | | |
| Mortgages are provided for as fol | lows: | to ded in my plan naymant | N/A |
| NA_ Paid direct to the creditor e | | | |
| All of my debts are being paid in | | | ng unecu |
| N N |): | | |
| My student loans | | IN DEFERMENT | N/A |
| Other: | | | |
| my payments and my case is disminate been paid as much as they my collateral if my case is dismissed or a lunderstand my plan provide my check, I must set it aside a lunder pay the Trustee lumber pay the Trustee lumber lumber pay the must be signed up for lumber lumber my attorne lumber provide my attorne lumber paid as much as they my case is disminate my | issed or converted before any have otherwise been reconverted. It is anyments start with my and send it to the Trust any non-exempt process if I am injured, have become entitled to record client corner and textures if I move, change morneys copies of my tax | first paycheck after filing. If the tee. eeds I receive from any cause the right to sue anyone for any eceive any sum of money during so my attorneys can community phone number or change or a returns every year, and will tu | from keeping the payment is not deducted of action. y reason, win the lottery, g my bankruptcy. nunicate with me. lose my job. |
| the Trustee unless my attorney sp Other: | | | |
| | X | [| Date: <u>[</u> |
| For Geraci La | aw: x MQ y | itulkaner | Pate: 1/13/18 |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Alonzo Aldrete / Debtor | Bankruptcy Docket #: |
|-------------------------|----------------------|
| | .ludae· |

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 01/13/2018 /s/ Alonzo Aldrete

Alonzo Aldrete

X Date & Sign

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^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

In re Alonzo Aldrete / Debtor

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 01/13/2018 | /s/ Alonzo Aldrete | | |
|-------------------|--------------------|--|--|
| | Alonzo Aldrete | | |
| | | | |
| | | | |

Dated: 01/27/2018 /s/ Merid Teklehaimanot Mekonnen

Attorney: Merid Teklehaimanot Mekonnen

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Case Number (# known)

| | First Name | Middle Name Last Name | | | | | |
|---|---|---|---|---|--|--|--|
| Par | t 6: Answer These Question | s for Reporting Purposes | | | | | |
| 16. | 6. What kind of debts do you have? 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. | | | | | | |
| | | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. | | | | | |
| | | 16c. State the type of debts you | owe that are not consumer debts or business d | ebts. | | | |
| 17. | Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | No. I am not filing under C Yes. I am filing under Chap administrative expens No. | chapter 7. Go to line 18. In ter 7. Do you estimate that after any exempt poles are paid that funds will be available to distribute. | roperty is excluded and oute to unsecured creditors? | | | |
| 18. | How many creditors do you estimate that you owe? | ■ 1-49 | ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000 | | | |
| 19. | How much do you estimate your assets to be worth? | □ \$0-\$50,000 ■ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | |
| 2 0. | How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | ☐ \$1,000,001-\$10 million ☐ \$10,000,001-\$50 million ☐ \$50,000,001-\$100 million ☐ \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | |
| Pa | art 7: Sign Below | | | | | | |
| Fo | ryou | correct. If I have chosen to file under Ch | d I declare under penalty of perjury that the info apter 7, I am aware that I may proceed, if eligib understand the relief available under each cha | le, under Chapter 7, 11,12, or 13 | | | |
| Special content with the series | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | |
| popul de Communication | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | | | |
| | | Signature of Debtor 1 | X Sign | ature of Debtor 2 | | | |
| | | Executed on :: O ', / | 13 /2018 Exec | outed on | | | |

Debtor 1

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| Fill in this in | formation to iden | ntify your case: | |
|---------------------|---------------------|--------------------------------------|---------------------|
| Debtor 1 | Alonzo | | Aldrete |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of | ILLINOIS (State) |
| Case Number | r | | _ |
| | | | |

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | | | | | | |
|--|---------------------------------------|-----------------------|---|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | |
| No No | | | | | | | |
| Yes | s. Name of Person | · | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | |
| W. A. A. | | | | | | | |
|) | | | | | | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | | | | |
| x | | K | | | | | |
| Sign | ature of Debtor 1 | Signature of Debtor 2 | | | | | |
| Date | : <u>O//3 /2018</u> MM / DD / YYYY | Date | YY | | | | |

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| Debtor 1 | Alonzo | Aldrete | Case Number (if known) |
|--------------------------|---|---|---|
| | First Name Mic | Idle Name Last Name | |
| ······ | No. None of the above applies. | Go to Part 12 | |
| | • | and fill in the details below for each business. | |
| | JAH Trucking Inc. | Describe the nature of the business | Employer Identification number |
| | and trading mo. | | Do not include Social Security number or |
| | | | EIN: |
| | | <u> </u> | LIIV |
| | | Name of accountant or bookkeeper | Dates business existed |
| | | | |
| | | | 4/2016 - Present. |
| | Xpress Transport Inc. | Describe the nature of the business | |
| | Apress Transport IIIc. | the state the nature of the basiness | Employer Identification number Do not include Social Security number or |
| | | <u> </u> | EIN: |
| | | | LIIV. |
| | | Name of accountant or bookkeeper | Dates business existed |
| | | | 2012 - 3/2016 |
| | | | 2012 - 3/2010 |
| _ | No. Yes. Fill in the details. Sign Below | Date issued. 252 | |
| ans [,] in c | wers are true and correct. I unde | | operty, or obtaining money or property by fraud |
| X | Signature of Debtor 1 | Signature of Debt | or 2 |
| | | Oignature of Desir | |
| | Date 01,13 /2018 | Date | |
| | MM / DD / YYYY | MM / DD | / YYYY |
| Did | you attach additional pages to Y | our Statement of Financial Affairs for Individuals F | ling for Bankruptcy (Official Form 107)? |
| | No | | |
| | Yes | | |
| Did | you pay or agree to pay someor | e who is not an attorney to help you fill out bankrup | tcy forms? |
| | No | | |
| | Yes. Name of person | | |
| | | | Declaration, and Signature (Official Form 119). |
| | | | |

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Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.

- 22. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 2. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for fimily support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

 (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2
 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District
 Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend
 you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes
 and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above
 time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
 a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filling, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankruptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!

Dated: 01 /13 /2018

Alonzo Aldrete

X Date & Sign

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Alonzo Aldrete / Debtor

Bankruptcy Docket #:

Judge:

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Dated: 01 /3 /2018

Alonzo Aldrete

Lideclare under penalty of Perjury that the foregoing is true and correct.

X Date & Sign

Record # 755445

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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Part 4:

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Alonzo Aldrete

Date: 0 1 / 3 /2018

If you checked line 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Form B 201A, Notice to Consumer Debtor(s)

In re Alonzo Aldrete / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

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Dated: 01 / 13 /2018

Alonzo Aldrete

X Date & Sign

Dated: __/____/___/2018

Attorney: Merid Teklehaimanot Mekonnen